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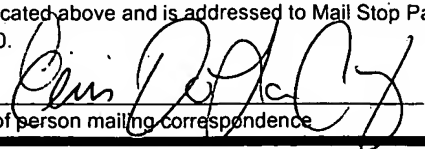
## Certificate of Mailing

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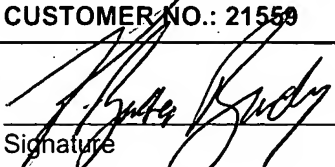
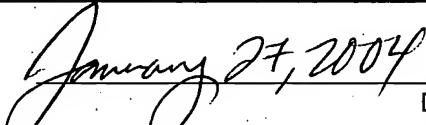
  
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## UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	50274/004002
Applicants	Robert K. Vinson, Robert H. Marchessault, Kirill Shingel, Dominic Ryan, Francisco Lianes Lazo, Didier G. Coquoz, and Carl W. Lawton
Title	FORMATION OF SUPERPARAMAGNETIC PARTICLES
<b>PRIORITY INFORMATION:</b>	
This application is a continuation-in-part of, and claims priority from, United States patent application 10/352,280, filed January 27, 2003.	
<b>SMALL ENTITY STATUS:</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	1 page
Specification	47 pages
Claims	5 pages
Abstract	1 page
Drawings	12 sheets
Combined Declaration and Power of Attorney, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [ <b>**SERIAL NUMBER**</b> ] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Preliminary Amendment	0 pages
Information Disclosure Statement	0 pages
Form PTO 1449	0 pages

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Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Non-publication Request under 35 U.S.C. § 122(b).	0 pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages
A Small Entity Statement	0 pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$385	\$385.00
Excess Claims Fee: 31-20=11 x \$9	\$99.00
Excess Independent Claims Fee: (2-3) x \$43	\$0.00
Multiple Dependent Claims Fee: \$145	\$0.00
Total Fees:	\$484.00
<input checked="" type="checkbox"/> Enclosed is a check for \$484.00 to cover the total fees. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
<b>CORRESPONDENCE ADDRESS:</b>	
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<b>CUSTOMER NO.: 21550</b>	
 Signature	 Date